

TITLE V PERMIT APPLICATION

Agricultural Sources in California

--

For Major Sources Due to Diesel Engine Emissions

40 CFR PART 71 FEDERAL OPERATING PERMITS PROGRAM

US EPA
March 2003

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FORM FOR FEDERAL OPERATING PERMIT, 40 CFR PART 71
Agricultural Sources in California

Instructions: Complete this form for your agricultural operation (farm) using the accompanying instruction manual

Mail Completed Forms, Engine Worksheet, and any Required Attachments To:

United States Environmental Protection Agency - Region IX

75 Hawthorne Street (AIR-3)

San Francisco, CA 94105

Part A. Farm Name, Location and Owner Information

1. Agricultural Operation (Farm) Information:

Farm Name (if no name put N/A): _____

Description of Farm Location: _____

County(ies) in Which Farm is Located: _____

2. Farm's Mailing Address _____

City _____ County _____ State _____ ZIP _____ - _____

3. Person Applying for Permit:

Applicant Name: _____ Title _____

Mailing Address (if different) _____ City _____

County _____ State _____ ZIP _____ - _____

Telephone (_____) _____ - _____ Ext. _____ Fax (_____) _____ - _____

e-mail address _____ (optional)

Part B. Major Source Threshold, Engine Emissions, and Future Replacements

1. Major Source Threshold Level (tons per year). See Table 1 for Value	TPY
2. Emissions from all stationary diesel engines at your agricultural operation (Attach Worksheet)	TPY
3. Within the next year, do you intend to replace any diesel engines with certified engines?	Yes No

Note: If Line B.2 is less than Line B.1, you are not a major source due to engine emissions and you do not need to submit any information to EPA Region 9 at this time.

Part C. Certification of Truth, Accuracy and Completeness by Responsible Official

I certify under penalty of law that, based on information and belief formed after reasonable inquiry, the statements and information contained in this application, worksheet, and required attachments, are true, accurate and complete.

Name (signed) _____

Name (printed) _____ Date: _____ / _____ / _____

Part D. Compliance Certification: Copy this page as many times as necessary to include all applicable requirements.

Applicable Requirements	Emission Unit(s)	Compliance Methods	Compliance Status (In/Out)	Compliance Plan Statements (Check one per requirement)		
				Number 1 ¹ (Yes/No)	Number 2 (Yes/No)	Number 3 (Yes/No)

¹

Number 1 Compliance Plan Statement: If in compliance at this time, I will continue to comply.

Number 2 Compliance Plan Statement: If not in compliance at this time, I will be in compliance by expected date of permit issuance.

Number 3 Compliance Plan Statement: For future-effective requirements. I will meet this requirement on a timely basis

Part E. Fee Calculation

INSTRUCTIONS: Use this form only to calculate fees for agricultural sources in California who are applying for the first time.

1. Enter the total actual emissions of regulated pollutants (for fee purposes) on this line. _____
2. Multiply the amount on line 1 by (\$ 37.86/ton) and enter the result on this line. This is \$ _____.
the total fee amount you must remit.

IMPORTANT NOTE: ALTHOUGH WE HAVE INCLUDED FEE WORKSHEET AND INSTRUCTIONS FOR SUBMITTING FEES, EPA INTENDS TO ISSUE A RULE SHORTLY THAT WOULD DEFER THE DATE BY WHICH FEES ARE DUE SO THAT PAYMENT OF FEES WOULD NOT BE DUE ON MAY 14.

(CUT HERE AND MAIL TO LOCKBOX ADDRESS: Mellon Bank; US EPA - Region IX; PO Box 360863M; Pittsburgh, PA 15251

OMB Control No. 2060-0336

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR FEDERAL OPERATING PERMIT, 40 CFR PART 71

APPLICATION FEE FILING FORM

Instructions: Complete this form once for your agricultural operation and send it to the lockbox bank address along with full payment. This form must be submitted with the initial fee payment. This form and payment are the only application elements you will mail to this address.

A Agricultural Operation (farm) Name:

B. Mailing Address and Contact Person:

Street or P.O. Box _____

City _____ State _____

ZIP _____ - _____

Contact Person: _____

Title _____

Telephone (_____) _____ - _____ Ext. _____

C. Total Fee Payment Remitted: \$ _____.